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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

(A, A, A	TCOLAIR	JN SHEET)	
APPLICATION NUMBER:	09		
	Total Fee Cal	culation	
Fire Code	7 (2) - 1	nhar _	Enter Total La Entery - 90 - 78
Mistr Dep Claim Present 204/104 Surcharge 205/101 English Translation 130 TOTAL FEE CALCULATION			- <u>65/13</u>
Fees due upon filing the application Total Filing Fees Due = 5 _	988		
Less Filing Fees Submitted S _	<u>0</u> 9xx		NA N
BALANCE DUE = S_ Office of Initial Patent Examination	- 1 0 <i>0</i>	7	ABE CO

FORM OIPE-RAM-01 (Rev. 12/97)

·								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO								RD			1.			
Effective December 29, 1999									C	9 (25	7131		
	CLAIMS AS FILED - PART I								SMA	LL E	NTITY		OTHER	THAN
(Column 1) (Column 2)						_	TYP	E (OR	SMALL	ENTITY		
FOR NUMBER FILED NUMBER EXTRA				CATHA		RAT	E	FEE		RATE	FEE			
BASIC FEE			***						7.130	6 10 P	345.00	OR	The same	690.00
TOTAL CLAIMS 25				minus 2	20=	* 5			X\$ 9)=		OR	X\$18=	90
INDEPENDENT CLAIMS \(\triangle \text{ minus 3 = } \tau \)						X39	=		OR	X78=	78			
MULTIPLE DEPENDENT CLAIM PRESENT							+130)=	,	OR	+260=			
* If	the difference	in colu	ımn 1 is l	ess than ze	ero, e	enter "0" in c	column 2		TOTA	\L		OR	TOTAL	858
	C	LAIM	S AS A	MENDED) - P	ART II						1	OTHER	<u> </u>
		(Col	umn 1)		(C	olumn 2)	(Column 3)		SMA	LL E	NTITY	OR	SMALL	
AMENDMENT A		REM A	AIMS IAINING FTER NDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AME	Independent	*	211.05.1"	Minus	***		=		X39:	=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130	_		OR	+260=		
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MENT B		CI REM A	AIMS MAINING FTER NDMENT		I PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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L	THE ALL ARTHUR AND A SIGN AND A S		umn 1)	The property of the second		Column 2)	(Column 3)	l				_	<u>*</u>	
AMENDMENT C	Transfer of the second	REM A	LAIMS MAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Ľ	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEI	PEND	ENT CLAIM		╽┠		\dashv				
	If the entry in colu	mn 1 is	less than th	ne entry in colu	ımn 2	write "0" in co	olumn 3.	Į	+130			OR	+260=	

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

TOTAL

ADDIT. FEE